





VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9 (f) and 1.27 (c)) -- SMALL BUSINESS CONCERN

 the owner of the small business concern identified below X] an official of the small business concern empowered to act on behalf of the concern identified below:
NAME OF CONCERNCHEMPLEX INDUSTRIES, INC.
ADDRESS OF CONCERN 160 MARBLEDALE ROAD
TUCKAHOE, NEW YORK 10107 I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.
I hereby declare that rights under contract of law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled METHOD AND APPARATUS FOR TRIMLESS SAMPLE CUP USED IN X-RAY SPECTROSCOPY by inventor(s) MONTE J. SOLAZZI described in
[X] the specification filed herewith [] Application Serial No, filed [] Patent No, issued
If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)
FULL NAME
ADDRESS [] Individual [] Small Business Concern [] Nonprofit Organization
[] Individual [] Small Business Concern [] Nonprofit Organization
FULL NAMEADDRESS
[] Individual [] Small Business Concern [] Nonprofit Organization
FULL NAME
ADDRESS [] Individual [] Small
Business Concern [] Nonprofit Organization
l acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
NAME OF PERSON SIGNING MONTE J. SOLAZZI
TITLE OF PERSON OTHER THAN OWNER PRESIDENT
ADDRESS OF PERSON SIGNING 180 MARBLEDALE ROAD, TUCKAHOE, NY 10107
SIGNATURE / MM/ h/M/2 DATE Jan. 25, 1552

Attorney Docker 105555 CHEMPLEX-3

DECLARATION AND POWER OF ATTORNEY (Patent, Design or C-I-P Application)

My residence, post off I believe I am the origin of the subject matter	enter, Thereby deciate that ice address and citizenship hal, first and sole inventor (in which is claimed and for the IN X-RAY SPECTROSCOP	p are as stated f only one name which a patent	is listed below) or an or	riginal, first and i	oint inventor	(if plural name D APPARATU	es are stated below)	
the specification of wh	ich	<u> </u>		·				
X is attach was filed		as Appli	cation Serial No.	and was	amended	on		
I hereby state that I hav	e reviewed and understand					(if appli	cable)	
referred to above. I acknowledge the dut Regulations §1.56(a). I hereby claim foreign p and have also identifie	y to disclose information v priority benefits under Title of d below any foreign appli	which is materia 35, United States cation for pater	at to the examination of a Code, §119 of any foreit at or inventor's certificat	this application ign application(s e having a filing	in accordar	ce with Title 3	7, Code of Federal	
priority is claimed.		PRIOR FO	DREIGN APPLICAT	non(s)	·			
COUNTRY		APPLICATION NO.		DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 U.S.C. 119		
						YES _	NO_	
ISTING OF FOREIGN	APPLICATIONS CONTINUE	ED ON PAGE 3	GE 2 HEREOF: YES NO _x			YES	NO	
of each of the claims of States Code, §112, I ac	efit under Title 35, United in this application is not disc knowledge the duty to disc of the prior application ar	losed in the pric	or United States applicat formation as defined in	tion in the mann Title 37. Code of	er provided b	y the first page	e of Title 35. United	
·			g Date) (Status) (patented, pending, abandoned) (patented, pending, abandoned) the following attorney(s) and/or agent(s) to prosecute this application and transact all					
ARTHUR L. PLE	AND TRACEMENT OFFICE CON VY, Reg. No. 24,277; I MORTE, Reg. No. 34,6	RALPH W. SI	ELITTO, JR., Reg. N	No. <u>26.99</u> 6; P. 35,938; MATT	AUL F. SV	VIFT, Reg. N DULIK, Reg.	lo <u>. 34,938</u> No. <u>36,</u> 164	
SEND CORRESPONDENCE TO: Arthur L. Plevy & SEL P.O. Box 1366			Esq. DIRECT TELE TO CALLS TO:			Arthur L. (908) 572		
FULL NAME OF INVENTOR #1	LAST NAME: SOLAZZI		FIRST NAME: MONTE		MIDDLE NAME: /-(4)			
RESIDENCE & CITIZENSHIP	CITY: JUPITER		STATE OR FOREIGN COUNTRY: FLORIDA		COUNTRY OF CITIZENSHIP: U.S.A.			
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 113 QUAYSIDE DRIVE		CITY: JUPITER		STATE C	STATE OR COUNTRY AND ZIP CODE: FLORIDA 33477		
FULL NAME OF INVENTOR #2	LAST NAME:		FIRST NAME:		MIDDLE NAME:			
RESIDENCE & CITIZENSHIP	CITY:		STATE OR FOREIGN COUNTRY:		COUNTR	COUNTRY OF CITIZENSHIP:		
POST OFFICE ADDRESS	POST OFFICE ADDRESS:		CITY:		STATE C	STATE OR COUNTRY AND ZIP CODE:		
FULL NAME OF INVENTOR #3	LAST NAME:		FIRST NAME:		MIDDLE	MIDDLE NAME:		
RESIDENCE & CITIZENSHIP	СПҮ:		STATE OR FOREIGN COUNTRY:		COUNTRY OF CITIZENSHIP:			
POST OFFICE ADDRESS	POST OFFICE ADDRESS:		СІТУ:		STATE OR COUNTRY AND ZIP CODE:			
hereby declare that all b be true; and further to r imprisonment, or bo	statements made herein that these statements were th, under Section 1001 of y patent issuing thereon.	of my own know	vledge are true and tha knowledge that willful f	alse statements	and the like	so made are i	nunishable by fine	
Signature of		Inventor #2		Signature of Inventor #3				
Date: 1/4n. 26, 1/43 Date: Date: Date:								